

Substitute for form 1449/PTO (Revised 07/2007) INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>				Complete if Known	
				Application Number	10/576,744
				Filing Date	04/21/2006
				First Named Inventor	Duke
				Art Unit	3643
Examiner Name	TBA				
Sheet	1	of	2	Attorney Docket Number	031617/310635
U. S. PATENT DOCUMENTS					
Examiner Initials*	Cite No.	Document Number Number - Kind Code (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages of Relevant Figures Appear
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Examiner Signature				Date Considered	

*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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Examiner Signature	/Danielle Bates/			Date Considered	08/24/2010	

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